

## Gender Dysphoria Treatment

Asked by The Hon Paul Green MLC

### QUESTIONS

1. In which public hospital(s) are children and young people (persons under the age of 18 years) being treated for gender dysphoria?
2. At the public hospital(s) that children and young people (persons under the age of 18 years) are being treated for gender dysphoria, is it done in a particular department or unit?
  - a) If so, name the department or unit?
3. How many doctors, including specialist doctors, are employed in New South Wales public hospitals treating children and young people (persons under the age of 18 years) with gender dysphoria?
4. How many children and young people (persons under the age of 18 years) are currently receiving treatment for gender dysphoria in public hospitals?
5. How many children and young people (persons under the age of 18 years) are currently receiving stage one puberty blocking treatment for gender dysphoria in public hospitals?
6. How many children and young people (persons under the age of 18 years) are currently receiving stage two cross-sex hormone treatment for gender dysphoria in public hospitals?
7. How many children and young people (persons under the age of 18 years) are currently receiving stage three surgery for gender dysphoria in public hospitals?
8. How many children and young people (persons under the age of 18 years) are currently on a waiting list to receive treatment for gender dysphoria in public hospitals?
9. Regarding the care of children and young people (persons under the age of 18 years) with gender dysphoria, what procedures and guidelines are used for the treatment?
10. Regarding the care of children and young people (persons under the age of 18 years) with gender dysphoria, what regular follow-up is done, if any, with each individual who has received treatment once they have reached 18 years of age?

### ANSWER

- 1 – 2 Assessment and diagnostic services for these children and young people are provided through multidisciplinary teams in the NSW public health system that include endocrinology, mental health and adolescent medicine portfolios. These

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services are available primarily through the Sydney Children's Hospitals Network. Surgical options are not provided in children's hospitals.

3 – 8 This data is not reported centrally.

9 – 10 NSW Health has processes in place for the planning, purchasing, performance monitoring and continuous improvement of health services for the delivery of safe, high quality and high value care for patients. Evidence based practice is a central element of the NSW public health system and there is policy guidance to address clinical care and patient safety risks.

**Fire Retardants**

**Asked by Mr David Shoebridge MLC**

**QUESTIONS**

- 11. What steps have been taken to ascertain the health impact on communities across NSW of the PFAS used as part of fire-fighting efforts in NSW?**
- 12. What liaison if any has been undertaken with Emergency Services to obtain data about the volume of PFAS materials used, and the distribution around residential areas in particular?**

**ANSWER**

11- 12.

Managing contaminated land is a matter for the Minister for the Environment, Minister for Local Government and Minister for Heritage. NSW Health assists with the NSW PFAS Taskforce to provide health advice to the impacted communities.

## **Spinal Injuries**

**Asked by Ms Dawn Walker MLC**

### **QUESTION**

**13. What is being done to address the delays in hospital discharge for NSW residents (aged 65 years and over) who have an acquired spinal cord injury resulting in paraplegia or quadriplegia?**

- a) Are these delays caused by inadequate levels of accessible public and social housing?**
- b) Are you aware of such patients being discharged to nursing homes which have support staff that do not have the necessary expertise to assist people with spinal cord injuries?**

### **ANSWER**

13. An interagency forum, led by the Agency for Clinical Innovation, to discuss potential improvements in coordination of discharge planning is being planned for later this year.

- a) There are several factors that can contribute to delays in hospital discharge for people with spinal cord injury.
- b) When a patient is discharged to a nursing home facility, a high level of knowledge and expertise from support staff in nursing homes is required for the patient to receive appropriate care for the many body systems impacted by spinal cord injury (for example, bladder, bowel, skin and respiratory systems). Training and support is made available by hospital staff before discharge.

### New Tweed Hospital

Asked by Ms Dawn Walker MLC

#### QUESTIONS

14. Is the Minister aware of the NSW Healthy Eating and Active Living Strategy which states on p31; "NSW Department of Planning and Infrastructure to use land use/zoning to retain, and where possible increase, opportunities for agricultural and horticultural uses to keep fresh foods available locally"?
  - a. Why then is the NSW government proposing to locate the new Tweed Valley Hospital on the rich and productive agricultural lands at Cudgen?
15. Why were three Northern NSW Local Health District Board members dismissed at the end of September 2016?
  - (a) What were the reasons for the subsequent departure of a further three NNSW LHD board members?
16. Did the Government follow the Expressions of Interest process in the appointment of five new NNSW LDH Board members in October 2016?
17. Who are the members of the 'Tweed Valley Hospital Site Selection Committee'?
18. What is the breakdown of the funds for the new Tweed Valley hospital and the funds for the Tweed Valley Clinical Services Plan allocated in the 2017-18 and 2018-19 budgets?
19. What process will be undertaken by the government for the rezoning of the selected site at Cudgen? (EMS note – HI, consider –will rezoning need referral to DPE?)
20. Why was the retrospective Community Consultation regarding the Tweed Valley Hospital Site used as a "vote gathering" exercise, contradicting advice given to community members that this was not a key objective of the consultation?
21. Has land adjacent to the proposed Tweed Valley Hospital Site ever been leased by Wilson Parking or Wilson Group (specifically 741 Cudgen Rd, Cudgen 2487)?
22. Please provide the following documents:
  - a. The 'Tweed Heads Hospital Redevelopment Master Plan'.
  - b. The criteria for the Project Plan for site identification and potential acquisition for the Tweed Valley Planning Project.
  - c. The report by the 'Tweed Valley Hospital Site Selection Committee' February 2018.
  - d. The full 'Tweed Valley Hospital Development Site Selection Report'.

- e. Tweed Valley Hospital Site Strategy paper provided to NSW Health by Elton Consulting.**
- f. Tweed Valley Hospital Site Report Recommendations provided to NSW Health by Elton Consulting.**

## **ANSWER**

14. Information on the site selection process is available on the Tweed Valley Hospital project website in the Site Selection Summary Report dated July 2018.  
[http://tweedvalleyhospital.health.nsw.gov.au/WWW\\_Tweed/media/TweedValey/180716-Site-Selection-Summary-Report\\_July-2018\\_ISSUED.pdf](http://tweedvalleyhospital.health.nsw.gov.au/WWW_Tweed/media/TweedValey/180716-Site-Selection-Summary-Report_July-2018_ISSUED.pdf)
15. As part of the regular reappointment process, a refresh of the membership of the NNSWLHD Board was completed in October 2016. The refresh process ensures that Boards maintain the requisite skills mix to provide effective governance. As part of this process, five new members were appointed to the NNSWLHD Board and three existing members were removed. In addition, two members resigned, and another member's term expired in December 2016.
  - a. See above.
16. The five new appointments were made from the pool of applications received in response to an advertised expression of interest, which was publically advertised.
17. The Executive Steering Committee (ESC) is the peak governance body for the project and comprises senior executive membership from Health Infrastructure, Northern NSW Local Health District and the Ministry of Health. This is a standard structure applied across all projects.
18. An allocation in the 2017-18 budget of \$24.5 million for the Tweed Hospital and Integrated Ambulatory Services Redevelopment and Tweed Hospital Redevelopment Stage 1, with a combined Estimated Total Cost (ETC) of \$582 million and an allocation of \$50.9 million in the 2018-19 budget for the combined project.
19. This information is available on the Tweed Valley Hospital project website in the Planning Approval Process Factsheet.
20. Following announcement of the Proposed Site, which was identified through a publicly advertised Expression of Interest (EOI) process, a further six-week period of comprehensive community consultation was undertaken.

This consultation process provided opportunities for community members to discuss the site selection process and provide comment on the Proposed Site and nominate Alternative Sites for consideration.

The consultation outcomes, including the key feedback themes both supporting and opposing the Proposed Site, are summarised in the Site Selection Summary Report dated July 2018 available on the project website.

21. This does not fall under the portfolio responsibility of the Minister for Health and Minister for Medical Research.
22. Health Infrastructure provides the following response to each of the documents requested:
- a. Information will be included in the State Significant Development (SSD) Application, which will be placed on public exhibition as part of the planning approval process.
  - b. The evaluation criteria and key considerations for selecting the site for the new Tweed Valley Hospital are set out in the Site Selection Summary Report dated July 2018 that is available on the project website.
  - c. The site selection process will result in the acquisition of land by the NSW Government. This process has been informed by information submitted by landowners and investigations undertaken by independent expert advisors. This information is commercial in confidence and not typically released as it could be of commercial utility in the marketplace.  
  
The Site Selection Summary Report dated July 2018 is available on the project website.
  - d. Refer response to Q22(c).
  - e. Health Infrastructure and Elton Consulting have reviewed their respective records and no such paper exists.
  - f. Health Infrastructure and Elton Consulting have reviewed their respective records and no such report exists.

**Missing Nursing Care Hours**

**Asked by Ms Dawn Walker MLC**

**QUESTIONS**

- 23. Is the Minister aware of missing nursing care hours at NSW hospitals where patients are being subject to short staffing?**
- 24. What assessment of missing nursing hours is being conducted for NSW hospitals across the state?**
- 25. How many missing nursing hours are there for hospitals such as Lismore and Murwillumbah?**

**ANSWER**

23. Hospitals across NSW continually monitor and adjust staffing in order to meet minimum Award requirements.
24. Local Health Districts and hospitals roster staff to meet the staffing levels required by the Award. Outside of this local management and recruitment practices are in place to assess and adjust staffing to match the patients' needs. If patients need more nursing care than usual additional staffing can be provided. Each week the NSW Ministry of Health monitors the number of nursing hours provided in nursing hours wards in Local Health Districts across the State.
25. Overall, both Lismore and Murwillumbah hospitals are providing more nursing care hours across the hospitals than the minimum hours required by the Award.



**Lismore Base Hospital**

Asked by Ms Dawn Walker MLC

**QUESTIONS**

26. Is the Minister aware of two gas leaks at Lismore Base Hospital in April and August this year?
- a) Were staff or patients affected by these gas leaks?
  - b) What assessment is being done to determine the cause of the August gas leak?
  - c) What is being done in the wake of this gas leak to staff and patients' safety at Lismore Base Hospital?
27. Does the redevelopment of the Lismore Base Hospital use aluminium cladding that poses a fire risk as witnessed with the London Grenfell tower?
28. What risk assessment has been conducted in relation to the rescue helicopter being on the roof of the hospital in relation to fire risk?
29. Who is responsible for assessing and certifying whether the cladding complies with the Building Code of Australia re flammability?
30. What fire response crews in the region are capable of responding to tall building fires such as that posed by Lismore base hospital?

**ANSWER**

26.

- a) In April fire crews attended Lismore Base Hospital after a UPS battery backup system overheated within a secluded area, triggering an automatic alert to the Fire station. No patients or staff were affected by the incident.

In August Fire and Rescue attended Lismore Base Hospital following reports of an unusual odour. Their testing could not identify any source of the odour, and the area was cleared for staff to return and normal services resumed. One member of staff was reviewed by medical staff as a precaution. No patients were affected.

(b) & (c)

Mechanical and Hydraulics consultants have inspected plant rooms and other areas of the building and confirmed that all installations are compliant with relevant code requirements.

Static monitoring equipment has been installed and there have been no unexpected readings received to date. This monitoring is ongoing.

27. No.

28. The Lismore Base Hospital meets Building Code of Australia (BCA) and Australian Standards for fire safety. The helicopter landing site is compliant with all relevant codes and regulations, including aviation and building requirements.

As part of the design process for the Lismore Base Hospital an aviation consultant with knowledge of the requirements of helicopter landing sites (HLS) including fire safety measures was engaged to provide advice on the design requirements of the HLS.

29. An Accredited Certifier (for example Private Certifiers Authority or the local council) is responsible for assessing the compliance of cladding and other fire safety materials, and for issuing the final certification.

30. This is not a matter for the Minister for Health and Minister for Medical Research.

**Nurse Patient Ratios**

**Asked by Ms Dawn Walker MLC**

**QUESTION**

**31. Staffing by way of mandated nurse-patient ratios has been shown to saves lives. Will shift by shift ratios be implemented to ensure patient safety?**

**ANSWER**

31. The Public Health System Nurses' and Midwives' (State) Award contains an agreed set of principles and rules that produces an allocation of nursing hours to patients. The framework is a more flexible ratio to the rigid approach of shift by shift ratios and means that, rather than just patient numbers, other important factors that affect safe staffing can also be included in determining the appropriate staffing numbers. It is the system adopted by the former Labor Government in 2004 and confirmed in 2011 in consultation with the NSW Nurses and Midwives' Association.

### **Maternity Staffing**

Asked by Ms Dawn Walker MLC

#### **QUESTION**

**32. The current levels of staffing within NSW maternity units is inadequate. Will the Minister act to include babies in maternity staffing ratio calculations to ensure patient safety?**

#### **ANSWER**

32. The Public Health System Nurses' and Midwives' (State) Award provides a framework that calculates the number of midwives required to meet the needs of women for midwifery care throughout pregnancy, labour and the postnatal period.

This framework accounts for the care of babies, including babies with higher than average needs who are staying with mothers in the maternity ward.

## Paramedics

Asked by Ms Dawn Walker MLC

### QUESTION

33. With regards to the Paramedic Response Network, known as Super Stations – is the same response time being maintained with these bigger stations which are servicing much larger areas?
34. How many specialist paramedics are there in rural and regional stations?
35. Does NSW Ambulance collect data on specialist paramedics in remote and rural areas?
  - (a) If not, why not?
  - (b) How can the Government address specialist shortages in these areas if there is no data available?
36. Why, when specialist paramedics move from Sydney, the Central Coast and Newcastle to regional or remote areas of the state, are they required to relinquish their specialist skills categorisation?
37. What funding has been allocated to employing specialist paramedics in NSW?
38. Of the announced 750 new positions for ambulance services, how many will be new paramedics?
  - (a) How many of these positions will be casual?
  - (b) How many of these positions will be part-time?
  - (c) How many of these positions will be full-time?
39. How many new ambulance stations will be established using the new paramedic positions?
40. How will these new 750 staff be supported?
  - (a) Will there be Extra Ambulance vehicles?
  - (b) Will there be Extra CTO (Clinical Training Officers)?
  - (c) Will there be additional radios?
  - (d) Will there be additional mentors?

### ANSWER

33. Yes.
34. There are 269 Paramedic specialists distributed across rural and regional NSW.
35. Yes.
36. Paramedic specialists that apply for a Paramedic specialist role in a regional or remote area are not asked to relinquish their specialist skill set.

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37. The 2018-19 Budget contains an extra \$23.7 million (recurrent) to employ an additional 200 paramedics and 13 call centre staff this financial year, paving the way for a 750 paramedic and control centre staff investment over the next four years. This funding includes allocation for an additional 10 Extended Care Paramedic specialists in 2018-19.
38. NSW Ambulance has received funding for 750 new FTE paramedic and control centre staff over 4 years. Full time, part time and casual numbers within this will be determined according to flexible working arrangement applications approved.
39. It is expected that the new positions will support at least six new stations.
- 40.
- (a) Yes.
  - (b) Yes.
  - (c) Yes.
  - (d) Yes.

### **Health Care Complaints Commission**

Asked by Ms Dawn Walker MLC

#### **QUESTION**

41. HCCC officers have reported that they are handling between 2-3 times with workplace agreement workloads. Is this correct?
- a. How many complaints does an average HCCC officer have as their workload?
42. What is the current backlog of complaints at the HCCC?
- a. What is the average response time from the HCCC once a complaint is received?
- b. What is the average time it takes for a complaint to be resolved by the HCCC?
- c. Is the HCCC meeting their targets in terms of complaint acknowledgements, assessment and resolution?
- i. If not, what is being done to address the shortfall?
43. What is being done to increase staffing at the HCCC?
44. What is the average turnover rate for staff at the HCCC?
45. How long does it take to train new HCCC staff to an operational level?
46. A core objective of the HCCC is to help individuals resolve complaints. Do you think that the HCCC can achieve this objective with the current resourcing?
47. Is it best practice for the HCCC to not provide reasons when a decision is made regarding a complaint?

#### **ANSWER**

41. The average caseload for frontline assessment officers is approximately 65 cases, but it varies daily.
42. The Number of complaints outside the target data varies daily.
- (a) The average number of days taken to assess a complaint is 60 days.
- (b) During 2017-18, 3.2 per cent of complaints were referred to the HCCC's Resolution Service following assessment. For 2017-18 the timeframes for completion were within six months: 86.0 per cent.

(c) As at 17 September 2018:

**Acknowledgements:** all complaints submitted via the eComplaints portal received an immediate acknowledgement.

**Assessments:** The proportion per cent of complaints are assessed within 60 days varies daily.

**Resolution:** for complaints referred to the Resolution Service:

- 80 per cent of complaints where resolution officer contacts the parties within 14 days

c. (i) The HCCC is continuing its Business Improvement Project which is designed to improve the quality and timeliness of complaints handling. The project involves major reforms to its business processes and systems, automating actions, removing redundant steps and streamlining complaints handling practices. Implementation of the eComplaints portal is a centrepiece of this reform.

The HCCC also sought and received additional grant funding for 2018-19 which will allow it to establish additional full time equivalent positions. These positions are targeted to front line complaints operations and to delivering the systems enhancements that will drive improved efficiency.

43. For 2018-19 the HCCC received an additional \$2.043 million in recurrent funding. This is a 14 per cent increase compared to 2017-18. This has allowed for the recruitment of an additional 17 staff and recruitment for these positions is nearing completion.

44. For 2017-18 the turnover rate for staff at the HCCC was 19 per cent.

45. All new HCCC staff receive induction training in their first week and have access to ongoing training as required.

46. Additional resourcing has been provided to support this core objective.

47. All HCCC decision letters provide a reason for the decision to the complainant.



**Air quality**

**Asked by Ms Dawn Walker MLC**

**QUESTIONS**

- 48. How many complaints did the Health Minister's office receive about the health impacts of smoke from the major hazard reduction burn-offs in May 2018?**
- 49. How many people in NSW presented to hospital emergency with breathing difficulties as a result of smoke from the major hazard reduction burn-offs in May 2018?**
- 50. Does NSW Health monitor air quality during hazard reduction burns and does it liaise with the various departments responsible for carrying out the burn on how to reduce impacts on air quality?**

**ANSWER**

48. Nine pieces of correspondence on this matter were received by the Minister for Health.
49. NSW Health has in place a real time Emergency department surveillance system. This system monitors syndromes such as presentations with breathing difficulties. The system however does not attribute the reasons behind presentation with breathing difficulties.
50. NSW Health does not monitor air quality. This is measured by the NSW Environment Protection Authority. NSW Health works with agencies with responsibilities in the areas of hazard reduction burns, air quality monitoring and air quality regulation to minimise the health impacts of air pollution from hazard reduction burns.

**Health impact of coal mines**

**Asked by Ms Dawn Walker MLC**

**QUESTIONS**

**51. Has the Minister or Department communicated with the Department of Planning and Environment about new coal mines and modifications on coals mines and their effect on the people of the Hunter area?**

**(a) Have you looked at the health effects of emissions from these coal mines on the health of the community in the Hunter region?**

**ANSWER**

51. Yes NSW Health has communicated with the Department of Planning and Environment about new coal mines and modifications on coals mines and their effect on the people of the Hunter area

- a. Yes, NSW Health reviews the health effects of air quality from coal mines on the health of the community in the Hunter region.

**Pharmacology**

**Asked by Ms Dawn Walker MLC**

**QUESTIONS**

- 52. Have there been advertisements for clinical pharmacologists in the Northern Rivers?**
- a) If not, why not?**
  - b) Have there been advertisements for these positions in any other Local Health Districts in NSW?**
    - i. If not, why not?**
- 53. Are you aware of pharmacogenomics tests that can predict an individual's reaction to medication, such as the 'myDNA Medication test'?**
- (a) Has including these in health care services delivery been investigated?**
  - (b) Will the department consider integrating these types of tests in to health care in the future?**

**ANSWER**

52. No.

(a-b) The decision to advertise for specific positions is determined at the local level in accordance with the service delivery needs and models of care within the district or network.

53. (a-b)

There is limited evidence supporting the routine use of pharmacogenomics testing in clinical practice. For most patients, careful titration of drug dose will be sufficient to ensure maximum benefit while avoiding serious side effects. As part of the implementation of the NSW Health Genomics Strategy the clinical evidence for the use of pharmacogenomics as part of clinical care into the future will continue to be monitored.

## Tweed Hospital

Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)

### QUESTIONS

54. When will all planning approvals for the new Tweed Hospital on state significant Cudgen farmland be finalised?
- a. What is the expected date?
55. When will the new Tweed Hospital design to be finalised?
56. When will the new Tweed Hospital design be released to the public?
57. As of the 6th of September, does the NSW Government own the land on your current proposed site for the Tweed Hospital?
- i. When does the NSW Government plan to finalise the purchase of all the necessary land for the Tweed Hospital?
58. When do you expect the new Tweed Hospital construction to commence?
59. When will the new Tweed Hospital be completed?
- ii. How many staff are expected to be employed at the hospital upon completion?
- iii. Will they all remain on their existing employment conditions?
60. Will you privatise elements of the new Tweed Hospital?
- b. If yes, what will be the proposed private provision of services? Please list.

### ANSWER

54. This information is available on the Tweed Valley Hospital project website in the Planning Approval Process Factsheet
55. The broad timeframes targeted for each phase of the project are illustrated and available on the Tweed Valley Hospital project website on the *Planning Our Hospital* page
56. Information on the master plan will be included in the publicly available Stage 1 State Significant Development (SSD) application.
- More information on the hospital design will be included in the Stage 2 SSD application that will also be publicly available.
57. (a)
- Health Infrastructure has reached agreement with some parties with an interest in the property. The acquisition process is being conducted in line with the processes set out in the *Land Acquisition (Just Terms Compensation) Act 1991*.

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58. Preparatory works to secure and service the project site will be undertaken as soon as the acquisition process is complete.

The scope of construction works set out in the final Stage 1 SSD application will begin as soon as consent is granted.

59. 2022.

a. Initial estimates are that once operational the new hospital will employ around 1,300 full time equivalent staff.

The Tweed Valley Hospital Workforce Plan is currently being developed.

b. Yes.

60. (and 60.a)

Current service provider arrangements at The Tweed Hospital for retail and medical imaging are delivered by external organisations. How these services will be provided in the future has not yet been determined.

### **HealthShare Procurement**

**Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)**

#### **QUESTIONS**

- 61. In relation to contract SCM0020-158-04-01, what are the specific “professional artists and performers” services being provided by Ms Susanna Cupac as part of her contract with HealthShare NSW?**
- 62. How many contracts does Tata Consultancy Services hold with NSW Health and HealthShare NSW?**
- 63. Please list those contracts and the value of those contracts.**
- 64. What portion/dollar value or percentage of those contracts are undertaken overseas?  
(a) If they occur locally, are there any overseas contractors engaged here.  
i. If yes, how many?**

#### **ANSWER**

61. The Ministry has advised there was an error in coding which has been subsequently resolved. Ms Susanna Cupac provides project management and support services.
62. The Ministry has oversight of two contracts.
- 63 – 64.
  1. ICT Testing and Verification Services - 95 per cent is partly undertaken in NSW and overseas. Project support activities for a NSW Health IT project. No overseas contractors are engaged.

**Health Infrastructure**

**Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)**

**QUESTIONS**

- 65. How much was spent in 2017-18 and how much is budgeted to be spent on signage and exterior promotional materials outside construction sites in NSW?**
- 66. How much is spent on the blue material wrapping around the construction sites (as shown in image below)?**

**ANSWER**

65 – 66.

Health Infrastructure does not separate costs relating to project signage across the portfolio. This information is held by the principal contractors who are responsible for producing and erecting all external signage.

**Unexpected/Preventable deaths**

**Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)**

**QUESTIONS**

- 67. How much money has your Government paid out in health compensation claims from July 1, 2017 to June 30, 2018?**
- 68. How many families or relatives of patients who passed away have received a compensation payout from July 1, 2017 to June 30, 2018?**
- 69. What is the total dollar value?**
- 70. How much has NSW Health spent on legal fees assisting with, defending and fighting against compensation claims by current and former patients of NSW Health from July 1, 2017 to June 30, 2018?**
- 71. How many clinical incidents were reported into the Incident Information Management System (IIMS) from July 1, 2017 to June 30, 2018?**
- 72. How many Clinical Incidents resulted in the Death of a patient unrelated to the natural course of their illness from July 1, 2017 to June 30, 2018?**
- 73. How many patients had medical instruments left inside them after a surgical procedure from July 1, 2017 to June 30, 2018?**
- 74. How many homicides occurred in NSW Hospitals from July 1, 2017 to June 30, 2018?**
- 75. How many suicides have occurred in NSW hospital from July 1, 2017 to June 30, 2018?**

**ANSWER**

67-72.

Health compensation claims relate to incidents that include incidents under the former Labor Government as legal proceedings can take many years. Compensation of legal costs therefore relate to similar periods.

This information is available in the 'Clinical Incident Management Portal on the Clinical Excellence Commission (CEC). The requested time period is not yet published data.

73. This information is published in the Report on Government Services. The date range requested is not yet published.
74. There were no homicides within a NSW Hospital reported for the requested period.
75. This is a matter for the Minister for Mental Health.



**Prince of Wales Hospital home acquisitions**

**Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)**

**QUESTIONS**

- 76. How many properties have been compulsory acquired within the process of the Prince of Wales Hospital redevelopment in Randwick?**
- 77. How many properties have been voluntarily purchased within the process of the Prince of Wales Hospital redevelopment in Randwick?**
- 78. When will the final acquisition occur?**

**ANSWER**

- 76. 11 properties where Health Infrastructure was unable to reach agreement were compulsorily acquired in July 2018.
- 77. 52 properties have been purchased by negotiated agreement.
- 78. The purchase of a further 26 properties is currently being negotiated.

**Ambulance Services**

**Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)**

**QUESTIONS**

- 79. What percentage of paramedic shifts require overtime in Western Sydney local health district?**
- 80. What percentage of metropolitan Sydney paramedics don't get their full allocation of crib breaks?**
- 81. What percentage of NSW paramedics don't get their full allocation of crib breaks?**

**ANSWER**

79. NSW Ambulance does not collect this data.

80- 81.

NSW Ambulance does not collect this data, however crib breaks are taken in accordance with NSW Ambulance Crib Break Operating Procedure PRO2017-037.

**Cremation**

**Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)**

**QUESTIONS**

- 82. How many newborn or stillborn babies were incorrectly cremated between:**  
**(a) July 1, 2016 and June 30, 2017?**  
**(b) July 1, 2017 and June 30, 2018?**
- 83. How many newborns or stillborn babies – who were of the Muslim faith – incorrectly cremated in NSW?**  
**(a) July 1, 2016 and June 30, 2017?**  
**(b) July 1, 2017 and June 30, 2018?**

**ANSWER**

82.  
a. Nil  
b. Nil
83.  
a. As above  
b. As above

**Amputations**

**Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)**

**QUESTIONS**

**84. How many patients had incorrect or unnecessary amputations in NSW hospitals between:**

**(a) July 1, 2016 and June 30, 2017?**

**i. At which hospitals?**

**(b) July 1, 2017 and June 30, 2018?**

**i. At which hospitals?**

**ANSWER**

84. a. and b.

There have been no incorrect amputation notifications identified for the requested period.

**Medication mix-ups**

**Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)**

**QUESTIONS**

**85. How many patients had incorrect levels or the wrong medications in NSW hospitals between:**

**(a) July 1, 2016 and June 30, 2017?**

**i. At which hospitals?**

**(b) July 1, 2017 and June 30, 2018?**

**i. At which hospitals?**

**ANSWER**

85.

- a. This information is available on the Clinical Excellence Commission website. Hospital location is not published data.
- b. This data has not yet been published

**Medication mix-ups resulting in death**

Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)

**QUESTIONS**

86. How many patients had incorrect levels or the wrong medications in NSW hospitals between – resulting in deaths:
- (a) July 1, 2016 and June 30, 2017?
    - i. At which hospitals?
  - (b) July 1, 2017 and June 30, 2018?
    - i. At which hospitals?

**ANSWER**

86 a. and b.

Medication information is available in the Report on Government Services at:  
[www.pc.gov.au/research/ongoing/report-on-government-services](http://www.pc.gov.au/research/ongoing/report-on-government-services).

**Baby-mum mix-ups**

Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)

**QUESTIONS**

87. How many babies were given to the wrong mothers to breast feed in NSW hospitals between:
- (a) July 1, 2016 and June 30, 2017?
    - i. At which hospitals?
  - (b) July 1, 2017 and June 30, 2018?
    - i. At which hospitals?

**ANSWER**

86. a. and b.

Nil.

**Healthcare in Shellharbour**

**Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)**

**QUESTIONS**

- 88. When will the redevelopment of Shellharbour Public Hospital finally commence?**
- 89. When will the full details of Shellharbour Hospital's redevelopment be made public?**
- 90. For what reasons have hospitals such as Hornsby, Randwick, and Tweed Heads received redevelopment budgets over double that of Shellharbour Hospital's?**
- 91. Will the Minister finally commit to improved nurse-to-patient ratios across all hospitals, regional or metropolitan, in NSW?**
- 92. Are there any plans to establish nurse walk-in centres within the Shellharbour electorate?**

**ANSWER**

- 88. Early works are on track to begin in late 2018.
- 89. Information will be included in the State Significant Development (SSD) Application, which will be placed on public exhibition as part of the planning approval process. The SSD Application is expected to be lodged in early 2019.
- 90. Budgets will vary between projects depending on the project scale and clinical service requirements.
- 91. The Award which was established by the former Labor Government (in 2004 and confirmed in 2011 by the Labor Government in consultation with the Nurses and Midwives' Association) sets out different staffing requirements for hospitals based on their complexity, not their location.  
  
Since 2010, this Government has increased the nursing and midwifery workforce by 9,889 FTE, a growth of 25%.
- 92. There are no plans to establish nurse walk-in centres within the Shellharbour Electorate.



**Auburn Hospital**

**Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)**

**QUESTIONS**

93. Has the Department of Health budgeted for a closure of the surgical ward at Auburn hospital for 2018-2019?
94. Will the surgical ward be closed over the Christmas period for 2018-19?
95. How many beds are open in the Auburn hospital surgical ward at present?  
(a) How many were open in August 2017?  
(b) August 2016?  
(c) August 2015?  
(d) August 2014?
96. How many beds are open in the birthing unit at Auburn hospital in August 2018?  
(a) How many were open in August 2017?  
(b) August 2016?  
(c) August 2015?  
(d) August 2014?
97. How many patients or families of patients have sued Auburn Hospital in the last financial year?
98. How many patients or families of patients have sued Auburn Hospital in the current financial year?

**ANSWER**

93. No.

94. No.

95. - 96. Each year Auburn Hospital bed base is informed by prior year activity and current demand to ensure all patients receive care in an appropriate timeframe. Additional beds can be opened as the need arises.

97-98 Lodgement of claims (1) does not confirm a breach of duty of care and (2) may relate to cases dating back some years.

**St Josephs Hospital Auburn**

**Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)**

**QUESTIONS**

**99. How many beds were open at St Joseph’s hospital in:**

- (a) August 2018?**
- (b) August 2017?**
- (c) August 2016?**

**100. For each of these beds, what is the breakdown by unit in:**

- (a) August 2018?**
- (b) August 2017?**
- (c) August 2016?**

**ANSWER**

99. a. – c.

Each year the St Josephs Hospital Auburn bed base is informed by prior year activity and current demand to ensure all patients receive care in an appropriate timeframe. Additional beds can be opened as the need arises.

Beds are made available across:

- Aged Care Assessment & Rehabilitation Unit
- Medical Rehabilitation Unit
- Palliative Care Unit
- Aged Care Psychiatry & Neurosciences Unit
- Huntington Disease Unit

100. a. – c.

Refer above.

**Neonatal Intensive Care Unit (NICU) at Westmead Hospital**

Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)

**QUESTIONS**

101. Are there a number of permanent and temporary vacancies in the Neonatal Intensive care unit at Westmead Hospital?
  - a. How many permanent positions are vacant?
  - b. How many temporary positions are vacant?
  - c. What actions are being undertaken by the Government to address the vacancies?
102. Does the Government agree that vacancies in the NICU at Westmead Hospital result in increased workloads for nurses?
  - a. What additional overtime has been paid over the past three months as a result?
  - b. What actions are being undertaken by the Government to address the increased workload?
103. Has there been a significant delay in the recruitment of new staff of around 6-8 weeks?
  - a. Is this due to issues with the new 'Recruitment and Onboarding' (ROB) system?
  - b. Why are these delays occurring?
  - c. What actions are being taken by the Government to expedite this process for units such as NICU?
104. Why is the Westmead NICU is consistently over census on its number of ventilated cots?
  - a. By how many cots has being over census decreased the availability of cots in the High Dependency and Special Care Nursery areas within the unit?
  - b. What is the cause of being over census and what strategies are there in place to mitigate this?
105. Is there a system for identifying available NICU cots across NSW?
  - a. Is the 'dashboard' system being eroded?
  - b. What plans are there to replace the 'dashboard' system?
106. Is there a process to ensure there are sufficient NICU cots within NSW to meet the need?
  - a. How are NICUs reviewed to ensure there are sufficient cots available?
107. When the need/demand for NICU cots across NSW exceeds the allocated number, how are additional cots provided and funded?
108. Over the past twelve months how many neonates were transferred out of NSW?
  - a. What was the clinical need to transfer these neonates?

**ANSWER**

101.

(c)

101-102. At any one time most hospitals operate with a degree of nursing staff vacancies. However, where vacancies exist, temporary qualified staff are employed pending recruitment to these positions. Local health districts will continue to actively recruit to vacant nursing positions. Local strategies include the use of contingent labour and babies transferred to other Special Care Nurseries, if clinically appropriate.

103. A new statewide recruitment and onboarding system (ROB) began in November 2017.

A NSW Health forum will be held on 15 October 2018 to review current processes and the ROB system. This forum will include stakeholders from all Health agencies in NSW. Outcomes will be used to guide continuous improvement.

104.

(a) The number of ventilated babies does not decrease the availability of special care beds.

(b) In 2017-18 there were three more admissions to the Westmead NICU compared to 2016-17. However, the unit generated 290 additional NWAU due to the complexity of the care. Factors contributing to the increasing complexity and required length of admission for babies in NICU at Westmead include:

- Increased numbers of extremely preterm 23-24 week infants, along with increased survival rates.
- The birth rate for Westmead Hospital has increased from 4200 to more than 5800 per annum over the last 10 years.
- In 2018, Westmead Hospital managed an increased number of multiple pregnancies, including two cases of triplets, which are typically delivered prematurely.
- Increased number of babies with birth defects requiring surgery after birth.

105. Yes.

(a) No.

(b) Work is underway to develop a specific NICU dashboard that will replace the Paediatric and Perinatal Resource System.

106-107

The *NSW Framework for New Health Technologies and Specialised Services* GL2017\_020, outlines the Ministry's process to inform the purchasing decisions for specialty services, including NICU, in NSW.

108. No neonate was transferred out of NSW as a result of lack of an available bed or appropriate care within NSW. NSW and the ACT work closely together in a functional partnership to ensure the neonates are positioned as close to their home residence whenever possible.

Established neonatal transfer guidelines facilitate families in the border regions of the state to receive care at the nearest appropriate facility. This allows for a neonate from the far north coast of NSW to be transferred to Brisbane rather than Sydney, allowing care to be provided closer to home. The Sydney Children's Hospitals Network's Newborn and Emergency Transport Service (NETS) reports 95 transfers of this nature over the past 12 months.

**Canterbury Hospital**

Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)

**QUESTIONS**

- 109. What actions is the Government taking to increase the number of nurses in the NSW public healthcare system and to retain nurses in the public healthcare system?**
- a. Does the Government believe its current wages policy, including the freezing of wage increases, promotes better public service outcomes?**
  - b. How does the Government propose to keep nurses in the public healthcare system when it continues its wages policy that fails to keep pace with inflation?**
- 110. The Government has allocated \$15 million to be divided between 9 hospitals, including Canterbury Hospital, in its recent budget for the feasibility studies of future expansion plans. How much from this amount is allocated to Canterbury Hospital?**
- a. What outcomes does the Government wish to have from the results of these studies?**
  - b. After these studies have been undertaken, what is the timeline for action in investing in better facilities and capacity of Canterbury Hospital?**
- 111. What are the Government's plans for the future of Canterbury Hospital in the fastest-growing region in Metropolitan Sydney?**
- a. How does the Government envisage Canterbury Hospital servicing a higher population and community as Sydney's South West continues to grow?**
- 112. What are the Government's plans to reduce waiting times at Canterbury Hospital, particularly in the Emergency Department and for elective surgeries?**
- 113. What additional healthcare services is the Government proposing to establish at Canterbury Hospital, given the anticipated population increase of the region?**

**ANSWER**

109. Between 2010 and 2018 an additional 8,939 FTE nurses and midwives have been employed in NSW Health, representing a workforce increase of 22.7 per cent. The 2018-19 Health budget allocates funding for an extra 950 nurses and midwives and delivers on the Government's 2015 election commitment to employ 360 new specialised nursing, midwifery and support positions.

110.

There is no "freeze" on wages. NSW Public Sector Wages Policy is focused on ensuring better services and value for the public. In this context, the Government is committed to a policy of fair working conditions and allowing increases in remuneration and other conditions of employment that do not reduce services and are consistent with maintaining fiscal sustainability. The policy is designed to

maintain the real value of public sector wages over the medium term in line with the mid-point of the Reserve Bank of Australia's target range for inflation over the cycle.

110. An allocation of \$1 million has been made for planning for Canterbury Hospital in 2018-19.

A preliminary investment decision business case will be the outcome of this investment. This will begin in 2018-19 with due diligence site studies.

After these studies have been undertaken, the project will be prioritised against other identified priorities for health capital investment and within Health's capital planning limits.

The Sydney Local Health District (SLHD) continues to plan for additional capacity at Canterbury Hospital to meet the increasing demands of the growing local population. The SLHD has developed a Clinical Services Plan that outlines the required future services and has undertaken Master Planning to ensure the required health services fit onto the current Canterbury Hospital site.

111. SLHD has developed plans to increase the capacity and services provided by Canterbury hospital to ensure we meet the health needs of the local community.

112-113. Emergency and elective surgery performance at Canterbury Hospital remains strong. This information is publicly available on the NSW Bureau of Health Information website.

**John Hunter Hospital**

Asked by Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)

**QUESTIONS**

114. How many people are on the waiting list for elective surgery at the John Hunter Hospital?
115. What is the average wait time for a knee replacement at the John Hunter Hospital?
116. What is the average time for a hip replacement at the John Hunter Hospital?
117. What is the average wait time to see a neurologist at the John Hunter Hospital?
  - (a) How many neurologists are employed at the John Hunter Hospital?
118. What is the average wait time to see orthopaedic specialist at the John Hunter Hospital?
  - (a) How many orthopaedic surgeons are employed at the John Hunter Hospital?
119. What is the average wait time to see a cardiologist at the John Hunter Hospital?
120. What is the average wait time to see an ear, nose and throat specialist at the John Hunter Hospital?
  - (a) How many ear, nose and throat specialists are employed at the John Hunter Hospital?
121. What is the average wait time to see a rheumatologist at the John Hunter Hospital?
  - (a) How many rheumatologists are employed at the John Hunter Hospital?
122. How many people are currently waiting to see a rheumatologist at the John Hunter Hospital?
123. How many movement disorder specialists are employed at the John Hunter Hospital?
124. Has the number of dedicated Parkinson's disease nursers been reduced?
125. How many designated Parkinson's disease nurses were employed at the John Hunter Hospital in the following years:
  - (a) 2011;
  - (b) 2012;
  - (c) 2013;
  - (d) 2014;
  - (e) 2015;
  - (f) 2016;
  - (g) 2017; and
  - (h) 2018?



- 126. How many of clinical nurse educators are employed in the division of surgery at the John Hunter Hospital?**
- 127. How many nursers are employed on contracts at the John Hunter Hospital as opposed to permanent full time?**
- 128. Why was the John Hunter Hospital 7000 nursing hours short in 2017-18?**  
**i. What action has the Minister taken to ensure that this does not occur again?**
- 129. How many complaints has the Health Care Complaints Commission received regarding care provided at the John Hunter Hospital?**
- 130. What steps are being taken to reduce the traffic congestion at the John Hunter Hospital?**

#### **ANSWER**

114. Waiting lists vary according to date and clinical assessments.

115-122. Wait times depend on clinical assessments.

123-127. Staff employed have varied from month to month but part-time, casual and agency staff are engaged if and when there are staff resignations or leave.

128. Nursing staff were employed in accordance with the award.

129. Public information is available on the HCCC website.

130. The Government has allocated funds to address traffic congestion in the short term and in the longer term it will be addressed through redesign of the precinct.

**Efficiency dividends**

- 131. What is the forecast efficiency dividend saving for each agency within your portfolio in 2018-19?**
- 132. What is the forecast efficiency dividend saving for each agency within your portfolio in 2019-20?**
- 133. What is the forecast efficiency dividend saving for each agency within your portfolio in 2020-21?**
- 134. What is the forecast efficiency dividend saving for each agency within your portfolio in 2021-22?**
- 135. What was the total efficiency dividend that was achieved for each agency within your portfolio between 2011-12 and 2017-18 inclusively?**

**ANSWER**

131 - 135

Savings from the NSW Government's efficiency dividend are outlined in the Budget Papers.

**Ministerial Travel/Meal Allowance**

- 136. How many nights' travel were claimed by the Minister during the 2017-18 period?**
- 137. How many nights' travel were claimed by the Minister's spouse during the 2017-18 period?**
- 138. What was the total amount of travel allowances claimed by the Minister and their spouse (if applicable) during 2017-18?**
- 139. What is the total amount of meal allowances claimed by the Minister and their spouse (if applicable) during 2017-18?**

**ANSWER**

136 - 139

In 2017/18, total expenditure by the Ministry on domestic travel was \$676,372 – compared with \$852,187 in 2009/10 under Labor. This is 20 per cent less than under Labor.

**Office Administration**

- 140. How many staff are in your ministerial office?**  
(a) What was the average salary for staff members in your office during 2017-18?  
(b) What is the estimated average salary for a ministerial staffer in your office in 2018-19 based on current appointments?
- 141. How many blackberries/iPhone/smart phones are assigned to your staff?**  
(a) For each phone, how much was each bill in 2017-18?  
(b) How many phones have been lost or replaced due to damage in your office?  
i. What is the cost of replacing those phones?
- 142. How many iPads or tablets has DPC assigned to your Ministerial office and to whom have they been issued?**  
(a) What was the cost of providing iPads or tablets to your Ministerial Office in 2017-18?  
(b) How many iPads or tablets have been replaced due to lost or damage in 2017-18?  
i. What was the cost of replacing these devices?
- 143. Has any artwork been purchased or leased for display in your ministerial office in 2017-18?**  
(a) What is the cost of this?
- 144. Have any floral displays or indoor plants or pot plants been hired or leased for display in your ministerial office in 2017-18?**  
(a) If so, what was the cost of these items?
- 145. Have any floral displays or indoor plants or pot plants been purchased for display in your ministerial office in 2017-18?**  
(a) If so, what was the cost of these items?
- 146. What was the total cost of all subscriptions by you and your staff to online news services, newspapers, magazines, journals and periodicals in 2017-18?**  
(a) What are these services/newspapers/magazines/journals/periodicals?  
i. Who is the subscriber for each of these?
- 147. What was the total value of all gifts purchased for use by you and your office in 2017-18?**  
(a) What were the gifts purchased?  
i. Who were they gifted to?
- 148. Do you purchase bottled water or provide water coolers for your office?**  
(a) What is the monthly cost of this?
- 149. What non-standard features are fitted to your ministerial vehicle?**  
(a) What is the cost of each non-standard feature?
- 150. What was the total bill for your office in 2017-18 for:**  
(a) Taxi hire  
(b) Limousine hire

- (c) Private hire care**
- (d) Hire car rental**
- (e) Ridesharing services**

- 151. Were any planes or helicopters chartered by you or your office and paid for with public money in 2017-18?**  
**(a) If yes, will you please detail each trip, the method of transport and the cost?**

**ANSWER**

140. Ministers' Office staff numbers and salary bands are available on the DPC website. Refer to: [www.dpc.nsw.gov.au/publications/premiers-and-ministers-staff-numbers](http://www.dpc.nsw.gov.au/publications/premiers-and-ministers-staff-numbers)
141. There were 303 smart phones allocated across the Ministers' IT Network in 2017-18. The total usage cost of these smart phones and other mobile devices (including iPads) was \$236,984, a 46% per cent reduction on the 2009-10 expenditure of \$434,854. There were 3 devices lost/stolen across the Ministerial Offices during the 2017/2018. The cost of replacing any lost or stolen devices is claimed through the NSW Treasury Managed Fund. Repairs are funded by the Department of Premier and Cabinet, Corporate and Ministerial Services.
142. There were 135 iPads in use across the Ministers' IT network in 2017-18. The cost of replacing any lost or stolen devices is claimed through the NSW Treasury Managed Fund. Repairs are funded by the Department of Premier and Cabinet, Corporate and Ministerial Services.
143. Nil
- 144-145  
Floral arrangements purchased by the Ministry are managed within Ministerial office budgets.
146. The Minister's office subscribes to a modest number of publications, the costs of which are managed within the office's budget.
147. Gifts are presented to dignitaries during overseas missions and to dignitaries visiting NSW.
148. No
149. Ministers, the Leader of the Opposition, other nominated public office holders and certain former office holders are provided with official cars and drivers. During 2017-18 all costs associated with these vehicles were paid from the relevant office's budget.
150. Expenditure on taxis, hire cars and ride share services in 2017-18 across the Ministry was \$89,496. This compares with 2009-10 expenditure of \$175,776.
151. Expenditure on charter flights for the Ministry totalled \$18,695 in 2017-18. This compares with expenditure in 2009-10 of \$281,567.

### **Agile Workspaces/Activity Based Working/Hot-desking**

- 152. Has your department adopted “agile working environment/activity based working” practices – e.g. hot-desking?  
(a) If not, are there plans to introduce activity based working practices in 2018-19?**
- 153. How much has your department spent in the roll-out of the agile working environment including laptops, furniture, lockers and other equipment?**

### **ANSWER**

152. The Ministry of Health is currently planning a transition to an activity based working environment by 2020. As part of the transition, there are plans to adopt some practices in 2018/19, such as clean desk policy, paper lite and flexible working.

Each of the Health Pillars and Local Health Districts (LHDs) has plans to transition certain functions to an activity based working environment over the next few years. The scale and maturity in 2018/19 differs for each of the Pillars and LHDs.

153. The Ministry will use existing funding for ICT to refresh laptops and mobility tools for staff in the Ministry of Health.

The investment across each of the Pillars and LHDs is budgeted locally to provide the necessary tools and equipment to adopt activity based working.

**Hospitality**

- |  |
|--|
| <p><b>154. How much did your ministerial office spend on hospitality, including catering and beverages, in 2017-18?</b></p> <p><b>155. How much did your Department/agency spend on hospitality, including catering and beverages, in 2017-18?</b></p> |
|--|

**ANSWER**

154. Expenditure on hospitality across the Ministry totalled \$25,350 in 2017-18 – which includes catering for stakeholder meetings and courtesy calls with visiting dignitaries.
155. Costs are managed within each agency's recurrent budget.

### **Labour Hire Firms**

- 156. Do any Departments/agencies within your portfolio responsibilities utilise the services of Labour Hire Firms?**
- 157. If yes, please advise in table form for 2017-18:**
- (a) The names of the firms utilised**
  - (b) The total amount paid to each firm engaged**
  - (c) The average tenure period for an employee provided by a labour hire company**
  - (d) The longest tenure for an employee provided by a labour hire company**
  - (e) The duties conducted by employees engaged through a labour hire company**
  - (f) The office locations of employees engaged through a labour hire company**
  - (g) The highest hourly or daily rate paid to an employee provided by a labour hire company**

### **ANSWER**

156 - 157

NSW Health uses Labour Hire firms, in accordance with NSW Public Sector policies to cover temporary vacancies as required. There are no central records maintained, with operations authorised to make such arrangements, subject to their overall labour expense cap.



**Media and Public Relations**

- 158. How many media or public relations advisers are employed for each of your portfolio agencies?**
- 159. What is the forecast for the current financial year for the number of media or public relations advisers to be employed and their total cost?**
- 160. What is the total cost of media monitoring services used by Departments/agencies within your portfolio responsibilities?**
- 161. Have you had media training or speech training?**  
**(a) If yes, who paid for it?**  
**(b) If paid by taxpayers, what was the amount paid in 2017-18?**

**ANSWER**

158 - 159

I am advised that NSW Health staff numbers are included in the Annual Report.

160. I am advised that financial information is available in Health's annual reports and Budget Papers.

161. No.

**Facebook**

- 162. How much did your ministerial office spend on Facebook advertising or sponsored posts in 2017-18?**
- 163. How much did your Department/agency spend on Facebook advertising or sponsored posts in 2017-18?**

**ANSWER**

162. No taxpayer money has been spent on Facebook advertising or sponsored posts.
163. Where appropriate social media is used by agencies alongside other forms of advertising as a cost effective medium of communication.

**Overseas Trips**

- 164. Were any of your overseas trips in the last financial year paid for in part or in full by using public money?  
(a) If so, did any of your relatives or friends accompany you on these trips?**
- 165. Have you undertaken any official overseas travel that was privately funded?  
(a) If so, what was the nature of these trips?  
(b) Who paid for these trips?**

**ANSWER**

164 - 165

Details of overseas travel including costs are published on the NSW Health website.

**Department/Agency Travel**

- 166. What was the total expenditure in 2017-18 by Departments/agencies within your portfolio on:**
- (a) Taxi hire**
  - (b) Limousine/private car hire**
  - (c) Hire car rental**
  - (d) Ridesharing services**

**ANSWER**

166. All departments' travel in 2017-18 was accordance with NSW Treasury and Finance Circular OFS-2014-07.

**Drivers**

- 167. Are any of the senior executives in the relevant Department provided drivers?**
- a. If so, can you please specify which positions are provided drivers?**
  - b. In total, how many drivers are used by senior executives in the Department?**
  - c. What is the total cost of drivers for senior executives in the Department?**

**ANSWER**

- 167.** No senior executives in the NSW Ministry of Health are provided drivers.

**Consulting**

- 168. How much did the Department/agencies under your portfolio responsibility spend in legal costs in 2017-18?**  
**(a) For what specific purposes or matters was legal advice sought?**
- 169. Have Department/agencies under your portfolio engaged any consultants to provide the following services or advice in 2017-18:**
- (a) Social media**
    - i. And the cost of these services**
  - (b) Photography**
    - i. And the cost of these services**
  - (c) Acting training**
    - i. And the cost of these services**
  - (d) Ergonomics**
    - i. And the cost of these services**

**ANSWER**

168 - 169

The Financial Statements, including expenditure on consultants, are available in agency annual reports.

**Department/Agency Staffing**

- 170. How many redundancies were processed by Departments/agencies within your portfolio responsibilities during 2017-18?**  
**(a) Of these redundancies, how many were:**  
**i. Voluntary**  
**ii. Forced**  
**(b) What was the total cost of all redundancies?**
- 171. Have any staff who received a redundancy in the last two years undertaken any paid work or provided any paid services for the agency with which they were formerly employed?**  
**(a) What was the nature of these works/services?**  
**(b) What was the total cost of these works or services?**
- 172. Are any staff formerly employed by your ministerial office now employed by Departments/agencies under your portfolio responsibility?**
- 173. How many staff were dismissed from Departments/agencies under your portfolio responsibilities in 2017-18?**  
**(a) What were the reason/s for each dismissal?**

**ANSWER**

170 - 173

Voluntary redundancies are a component for agencies to achieve their efficiency dividends. Redundancy figures across the sector for 2017/18 are anticipated to be in the order of 736, totalling 13,075 since July 2011. The Labour Expense Cap introduced in the 2012-13 Budget also continues to give Secretaries as much flexibility as possible to achieve these savings in the most appropriate ways to meet the service requirements of their agencies. Frontline staff such as, nurses, police officers and school teachers have been quarantined from this measure.

### **Smart Phone Accounts**

- 174. Do the Departments/agencies within your portfolio have an iTunes account?  
(a) What was the total expenditure in 2017-18 on iTunes?  
i. What applications/subscriptions/services were purchased through iTunes?**
- 175. Do the Departments/agencies within your portfolio have an Android account?  
(a) What was the total expenditure in 2017-18 on Android?  
i. What applications/subscriptions/services were purchased through Android?**

### **ANSWER**

174 - 175

IT costs are managed within each agency's budget and in accordance with NSW Government's ICT and procurement policies and frameworks.



**Merchant fees**

- 176. Please provide a list of all transactions where customers need to pay a merchant fee on credit and/or debit card payments in your Department/agency.**
- 177. Please provide the percentage and/or amount of the merchant fees applied to all credit and/or debit card payments/transactions in your Department/agency.**
- 178. What was the total amount paid in merchant fees on credit and/or debit card payments in your Department/agency in 2017-18?**

**ANSWER**

176 - 178

The Ministry of Health is required to impose surcharges to recoup merchant interchange fees, pursuant to Treasury Circular TC12/13.

Ministry of Health staff only use their Pcards for the purchase of goods and services for official business purposes. If particular vendors elect to impose a merchant fee on card transactions, that is an unavoidable cost of doing business. It would not be possible to determine fees charged to Departmental cards, as these would either be embedded in the individual transaction cost or, if separately disclosed, would require each monthly card statement for each user to be reviewed.

**Probity Auditor**

**179. Has your office or department used a Probity Auditor or Probity Advisors, or similar, in the past five years? If so please list the company and/or individual, the project, the engagement dates, and their total remuneration in tabular format.**

**ANSWER**

179. In accordance with the NSW Procurement Board's Direction (PBD-2013-05), the Ministry of Health has internal mechanisms in place to ensure that probity considerations are routinely taken into account in its procurement decisions, and the use of external probity advisers and auditors is the exception rather than the rule. The Ministry's expenses incurred in relation to probity are generally included in the overall project cost.

### Domestic Violence Leave Policies, Awareness and Usage

- 180. For each department, statutory agency and/or other bodies in the Minister's portfolio please report:**
- a. A copy of the entity's policy or web link to the entity's domestic violence leave policy;**
  - b. Date of introduction of domestic violence leave into enterprise agreements/contracts of employment, awards as applicable;**
  - c. Whether or not all employees and/or contractors are eligible for domestic violence leave;**
  - d. Number of days of domestic violence leave that have been taken in each financial year since the introduction of such leave;**
  - e. Number of days available for eligible staff to access domestic violence leave in each financial year;**
  - f. Number of other personal days of leave that have been taken in each financial year since the introduction of domestic violence leave;**
  - g. Number of sick days available for eligible staff to access domestic violence leave in each financial year;**
  - h. Whether or not all staff and/or contractors have access to Employee Assistance Programs?**
- 181. What training has been undertaken with management and administration for those involved in approving and/or processing domestic violence leave on issues such as?**
- a. Privacy and confidentiality of information about domestic violence**
  - b. Access to emotional, psychological, financial and medical support which may be required**
- 182. Who has provided training on domestic violence in the workplace?**
- 183. What percentage of staff in each agency has undertaken domestic violence training?**
- 184. What efforts have been made to ensure that perpetrators (or their accomplices) within the staffing profile are not able to access personal information of victims in order to identify their location, or other information which may assist in committing domestic violence against them, including changing or accessing records in such a way as to disadvantage them financially or legally?**

### ANSWER

- 180.
- (a) Section 6.18 of the Public Service Industrial Relations Guide provides guidance to staff and management on appropriate strategies for supporting a staff member experiencing domestic violence. This guidance references Section 84A of the Crown Employees Award (leave for matters arising from domestic violence) and Treasury Circular 14-16 Support for Employees Experiencing Domestic Violence. The *Leave Matters for the NSW Health Service Policy Directive* sets out the types of leave available to NSW Health Service employees experiencing domestic violence.
  - (b) Provisions in relation to Domestic Violence were added to the Crown Employees (Conditions of Employment) Award in 2011. Similar provisions have been included in

NSW Health awards at various times since 2011, for example the Public Hospital Nurses' and Midwives' (State) Award (Clause 11); Health Employees' Conditions of Employment (State) Award (Clause 28A), Operational Ambulance Officers (State) Award (Clause 31A); Staff Specialists (State) Award (Clause 20A); Public Hospital Career Medical Officers (State) Award (Clause 15A); and the Public Hospital Medical Officers (State) Award (Clause 18A).

- (c) All staff members employed under the various NSW Health awards are entitled to be absent from the workplace due to an incident of domestic violence if required.
  - (d) It is not a separate leave type.
  - (e-g) In accordance with the NSW Health awards, staff may utilise all available Family and Community Service Leave, Sick Leave and Carer's Leave to assist with managing domestic violence circumstances. If this leave is unavailable special leave maybe granted of up to five days per calendar year.
  - (h) All staff, their families and contractors have access to the Employee Assistance Program.
181. NSW Health continues to provide ongoing support and guidance on best practice approaches to supporting employees who are experiencing domestic violence.

182-183

Employee induction programs include what leave provisions are available to staff. Managers of staff experiencing domestic violence can receive support through the Manager-Assist component of their Employee Assistance Program. Advice is also available from Human Resources staff to managers and staff dealing with domestic violence issues.

184. NSW Health complies with the highest levels of document and privacy management consistent with the *Privacy and Personal Information Act 1998* (NSW).

**Sexual harassment and Anti-bullying training and awareness programs**

- 185. For each department, statutory agency and/or other bodies in the Minister's portfolio please report:**
- (a) Date of introduction of sexual harassment and anti-bullying training and awareness programs and a copy of such documentation.**
  - (b) Whether or not all employees and/or contractors have received such training?**
  - (c) Is this course mandatory for all employees/ contractors?**
  - (d) How long for each session, how many sessions?**
  - (e) Who delivers it?**
  - (f) Is the program tailored to take into consideration specific needs of LGBTQIA, ATSI and CALD or other at risk groups?**
    - i. How?**
- 186. What percentage of staff in each agency has undertaken sexual harassment and anti-bullying training and awareness programs?**
- 187. How many complaints have been initiated in relation to:**
- a. Sexual harassment**
  - b. Bullying**
  - c. Workplace violence**

**ANSWER**

185 – 187

An online training course was made available to all NSW Health staff and contractors who have access to My Health Learning. The needs of at-risk groups are considered in the training provided.

Observance of the NSW Health Policy Directive on the Prevention and Management of Workplace Bullying in NSW Health is mandatory.

### **Participation of women in Government**

- 188. For each department, statutory agency and/or other bodies in the Minister's portfolio please report:**
- a. What number and percentage of women are employed within the agency?**
  - b. What number and percentage of women are employed within the management levels of the agency?**
  - c. What number and percentage of women are employed in the top ten leadership positions of the agency?**
  - d. How is this data publicly reported on a regular basis?**
  - e. What strategies does the agency use to encourage women in to management and leadership positions?**
  - f. What is the gender pay gap within your agency?**
  - g. Does the agency report participation of women figures to Women NSW on a regular basis?**

### **ANSWER**

188.

(a) to (d)

This information is publicly available in each agency's Annual Report.

- (e) All agencies uses gender balance on interview panels as well as offering flexible working arrangements to allow better management of work and home commitments. Agencies continue to promote diversity and inclusion strategies which promote a workplace free from social biases of any kind.
- (f) All equivalent positions determined by an objective assessment of their work value are paid the same salary within all agencies. The relevant distribution of women in each classification of work across the sector is reported by the Public Service Commission (PSC) but is also available in the agency's Annual Report.
- (g) The workforce profile data collected by the PSC is made available to Women NSW.

## Energy

- 189. For each agency in your portfolio by name, how much electricity did it consume for each of:
  - a. 2014-15?
  - b. 2015-16?
  - c. 2016-17?
  - d. 2017-18?**
- 190. What proportion of the electricity consumed by each agency in your portfolio by name for those years came from renewable sources? Please name each source of energy (coal, solar, wind, etc.) and the proportion of the total electricity used.**
- 191. How much money was spent on electricity for each agency in your portfolio by name in each of the above financial years?**
- 192. What was the name of the energy supplier to each agency in your portfolio by name for those financial years?**
- 193. How much electricity is it estimated that each agency in your portfolio will consume in:
  - a. 2018-19?
  - b. 2019-20?
  - c. 2020-21?
  - d. 2021-22?**
- 194. What proportion of that electricity is it estimated will come from renewable sources, for each year?**
- 195. For each agency in your portfolio by name, please provide the estimated proportion of energy to be used from each kind of energy (coal, gas, solar, wind etc.)?**
- 196. What is the name of the energy supplier to each agency in your portfolio for each of:
  - a. 2018-19?
  - b. 2019-20?
  - c. 2020-21?
  - d. 2021-22?**

## ANSWER

189 - 196

NSW Government Agencies procure their energy supplies under whole of government Contracts 776 (small sites under 100,000 kwh per annum) and 777.

Under these contracts the following suppliers are mandated:

- 776 – Origin Energy Electricity Limited
- 777 - ERMPower Retail Pty Ltd

The NSW Government Resource Efficiency Policy was introduced in 2014 to reduce the NSW Government's operating costs and lead by example in increasing the efficiency of the resources it uses.

This policy ensures NSW Government agencies:

- meet the challenge of rising costs for energy, water, clean air and waste management
- use purchasing power to drive down the cost of resource-efficient technologies and services
- show leadership by incorporating resource efficiency in decision-making.

The Policy's energy measures, targets and standards include:

E1: Targets to undertake energy efficiency projects

E2: Minimum NABERS Energy ratings for offices and data centres

E3: Minimum standards for new electrical appliances and equipment

E4: Minimum standards for new buildings

E5: Identify and enable solar leasing opportunities

E6: Minimum fuel efficiency standards for new light vehicles

E7: Purchase 6% GreenPower

NSW Government agencies are required to report on energy use under the Government Resource Efficiency Policy. The Office of Environment and Heritage publishes progress reports on compliance with the policy.

## **MEDICAL RESEARCH**

<b>Questions from the Hon Shaoquett Moselmane MLC (on behalf of the NSW Labor Opposition)</b>
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**Questions 197 to 262:** Response as per Questions: 131 – 196 above